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(ovarian(w)cancer or ovarian(w)carcinoma)
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RECEPTOR) AND (OVARIAN(W) CANCER OR OVARIAN(W) CARCINOMA)

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PROCESSING COMPLETED FOR L1
L2 10 DUP REM L1 (6 DUPLICATES REMOVED)

=> dis ibib abs l2 1-10

L2 ANSWER 1 OF 10 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2007:390355 CAPLUS
DOCUMENT NUMBER: 146:474584
TITLE: Prevention and early detection of ovarian
cancer: mission impossible?
AUTHOR(S): Bast, Robert C., Jr.; Brewer, Molly; Zou, Changping;
Hernandez, Mary A.; Daley, Mary; Ozols, Robert; Lu,
Karen; Lu, Zhen; Badgwell, Donna; Mills, Gordon B.;
Skates, Steven; Zhang, Zhen; Chan, Dan; Lokshin, Anna;
Yu, Yinhua
CORPORATE SOURCE: M.D. Anderson Cancer Center, Houston, TX, 77030-4009,
USA
SOURCE: Recent Results in Cancer Research (2007), 174(Cancer
Prevention), 91-100
CODEN: RRCRBU; ISSN: 0080-0015
PUBLISHER: Springer GmbH
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Epithelial ovarian cancer is neither a
common nor a rare disease. In the United States, the prevalence of
ovarian cancer in postmenopausal women (1 in 2,500)
significantly affects strategies for prevention and detection. If
chemoprevention for ovarian cancer were provided to
all women over the age of 50, side effects would have to be minimal in
order to achieve an acceptable ratio of benefit to risk. This ratio might
be improved by identifying subsets of individuals at increased risk or by
bundling prevention of ovarian cancer with treatment
for other more prevalent conditions. Approx. 10% of ovarian
cancers are familial and relate to mutations of BRCA1, BRCA2, and
mismatch repair genes. More subtle genetic factors are being sought in
women with apparently sporadic disease. Use of oral contraceptive agents
for as long as 5 years decreases the risk of ovarian
cancer in later life by 50%. In one study, fenretinide (4-HPR)
delayed development of ovarian cancer in women at
increased risk of developing breast and ovarian cancer
. Accrual to confirmatory studies has been prohibitively slow and
prophylactic oophorectomy is recommended for women at increased genetic
risk. Vaccines may have a role for prevention of several different
cancers. Breast and ovarian cancers express mucins
that could serve as targets for vaccines to prevent both cancers. Early
detection of ovarian cancer requires a strategy with
high sensitivity (>75% for stage 1 disease) and very high specificity

(>99.6%) to achieve a pos. predictive value of 10%. Transvaginal sonog. (TVs) has achieved these values in some studies, but is limited by the cost of annual screening in a general population. Two-stage strategies that incorporate both serum markers and TVs promise to be more cost-effective. An algorithm has been developed that calc's. risk of ovarian cancer based on serial CA125 values and refers patients at highest risks for TVs. Use of the algorithm is currently being evaluated in a trial with 200,000 women in the United Kingdom that will critically test the ability of a two-stage screening strategy to improve survival in ovarian cancer. Whatever the outcome, addnl. serum markers will be required to detect all patients in an initial phase of screening. More than 30 serum markers have been evaluated alone and in combination with CA125. Recent candidates include: HE4, mesothelin, M-CSF, osteopontin, kallikrein(s) and soluble EGF receptor. Proteomic approaches have been used to define a distinctive pattern of peaks on mass spectroscopy or to identify a limited number of critical markers that can be assayed by more conventional methods. Several groups are placing known markers on multiplex platforms to permit simultaneous assay of multiple markers with very small vols. of serum. Math. techniques are being developed to analyze combinations of marker levels to improve sensitivity and specificity. In the future, serum markers should improve the sensitivity of detecting recurrent disease as well as facilitate earlier detection of ovarian cancer.

REFERENCE COUNT: 57 THERE ARE 57 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 2 OF 10 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005262734 EMBASE

TITLE: Erratum: Soluble Epidermal Growth Factor Receptor (sEGFR) and Cancer Antigen 125 (CA 125) as screening and diagnostic tests for epithelial ovarian cancer (Cancer Epidemiology Biomarkers and Prevention (February 2005) 14 (306-318)).

AUTHOR: Baron, A.T.; Boardman, C.H.; Lafky, J.M.

SOURCE: Cancer Epidemiology Biomarkers and Prevention, (Jun 2005) Vol. 14, No. 6, pp. 1583.

Refs: 1

ISSN: 1055-9965 CODEN: CEBPE4

COUNTRY: United States

DOCUMENT TYPE: Journal; Errata; (Erratum)

FILE SEGMENT: 016 Cancer

LANGUAGE: English

ENTRY DATE: Entered STN: 7 Jul 2005

Last Updated on STN: 7 Jul 2005

L2 ANSWER 3 OF 10 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN

ACCESSION NUMBER: 2005:363110 BIOSIS

DOCUMENT NUMBER: PREV200510145550

TITLE: Soluble Epidermal Growth

Factor Receptor (sEGFR) and Cancer Antigen 125 (CA 125) as screening and diagnostic tests for epithelial ovarian cancer. (vol 14, pg 306, 2005).

AUTHOR(S): Baron, A. T.; Boardman, C. H.; Lafky, J. M.; et al.

SOURCE: Cancer Epidemiology Biomarkers & Prevention, (JUN 2005) Vol. 14, No. 6, pp. 1583.

ISSN: 1055-9965.

DOCUMENT TYPE: Article

FILE SEGMENT: Errata; (Correction)

LANGUAGE: English

ENTRY DATE: Entered STN: 14 Sep 2005
Last Updated on STN: 14 Sep 2005

L2 ANSWER 4 OF 10 CAPLUS COPYRIGHT 2009 ACS on STN
ACCESSION NUMBER: 2005:1082267 CAPLUS
DOCUMENT NUMBER: 143:419913
TITLE: Soluble epidermal growth factor receptor (sEGFR) and cancer antigen 125 (CA125) as screening and diagnostic tests for epithelial ovarian cancer.
[Erratum to document cited in CA143:283461]
AUTHOR(S): Baron, Andre T.; Boardman, Cecelia H.; Lafky, Jacqueline M.; Rademaker, Alfred; Liu, Dachao; Fishman, David A.; Podratz, Karl C.; Maihle, Nita J.
CORPORATE SOURCE: Department of Internal Medicine, Division of Hematology/Oncology, Lucille P. Markey Cancer Center, University of Kentucky, Lexington, KY, USA
SOURCE: Cancer Epidemiology, Biomarkers & Prevention (2005), 14(6), 1583
CODEN: CEBP4; ISSN: 1055-9965
PUBLISHER: American Association for Cancer Research
DOCUMENT TYPE: Journal
LANGUAGE: English
AB In the title, "SEG-FR" should read "sEGFR".

L2 ANSWER 5 OF 10 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2005103048 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15734951
TITLE: Soluble epidermal growth factor receptor (sEGFR) [corrected] and cancer antigen 125 (CA125) as screening and diagnostic tests for epithelial ovarian cancer.
AUTHOR: Baron Andre T; Boardman Cecelia H; Lafky Jacqueline M; Rademaker Alfred; Liu Dachao; Fishman David A; Podratz Karl C; Maihle Nita J
CORPORATE SOURCE: Department of Internal Medicine, Division of Hematology/Oncology, Lucille P. Markey Cancer Center, University of Kentucky, 408 Roach Building, 800 Rose Street, Lexington, KY 40536-0093, USA.. a.baron@uky.edu
CONTRACT NUMBER: CA 27469 (United States NCI)
CA 37517 (United States NCI)
K07 CA82520 (United States NCI)
R01 57534
R03 CA82091 (United States NCI)
R21 CA82520 (United States NCI)
U01 CA85133 (United States NCI)
SOURCE: Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology, (2005 Feb) Vol. 14, No. 2, pp. 306-18.
Journal code: 9200608. ISSN: 1055-9965.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200506
ENTRY DATE: Entered STN: 1 Mar 2005
Last Updated on STN: 3 Jun 2005
Entered Medline: 2 Jun 2005
AB Epithelial ovarian cancer (EOC) is the leading cause of death among all gynecologic cancers in the United States. Because

women who are diagnosed with early stage disease have a better prognosis than women diagnosed with late stage disease, early detection represents a potentially practical approach to reduce the mortality associated with EOC. Unfortunately, no single screening test has proven to be effective for this purpose, and a valid and feasible screening program to detect early stage EOC in the general population has not yet been devised. Consequently, research has focused on coupling two or more screening modalities to improve program validity and feasibility. Serum cancer antigen 125 (CA125) and a soluble isoform of the epidermal growth factor receptor (p110 sEGFR) have been studied individually as biomarkers of ovarian cancer. In this study, we compare serum CA125 levels and sEGFR concentrations in women with EOC to women with benign gynecologic conditions of ovarian and non-ovarian origin. We show that serum sEGFR concentrations are lower in patients with EOC than in women with benign gynecologic conditions, whereas serum CA125 levels are higher in patients to EOC compared with women with benign gynecologic conditions. These data also reveal that age and serum sEGFR concentrations modify the association between CA125 levels and EOC versus benign gynecologic disease. Hence, age- and sEGFR-dependent CA125 cutoff thresholds improve the ability of CA125 to discern EOC patients from women with benign ovarian tumors and non-ovarian gynecologic conditions. Our analyses show that parallel testing with fixed sEGFR and CA125 cutoff thresholds optimizes sensitivity to detect EOC, whereas serial testing with age- and sEGFR-dependent CA125 cutoff thresholds optimizes test specificity, and overall accuracy to discern patients with EOC from women with benign ovarian and non-ovarian gynecologic conditions. The combined use of serologic sEGFR and CA125, thus, has improved utility for screening and diagnosing EOC, which may increase the positive predictive value of a multimodal screening program that incorporates these biomarkers to detect and subsequently differentiate benign from malignant ovarian tumors.

L2 ANSWER 6 OF 10 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2005:371536 BIOSIS
DOCUMENT NUMBER: PREV200510169605
TITLE: EGFR family of ligands hydrogen/deuterium exchange.
AUTHOR(S): Guillen, N. [Reprint Author]; Camacho, C. M.; Narvaez, D.; Cora, E.; Pastrana-Rios, B.
CORPORATE SOURCE: Univ Puerto Rico, Mayaguez, PR USA
SOURCE: Protein Science, (AUG 2004) Vol. 13, No. Suppl. 1, pp. 162-163.
Meeting Info.: 18th Symposium of the Protein-Society. San Diego, CA, USA. August 14 -18, 2004. Protein Soc; Abbott Lab Fund; Amer Peptide Soc; Amgen; Biogen Idec; DARPA; Eli Lilly & Co; Eli Lilly Res Labs, Biotechnol Discovery Res; Genencor Int; Genentech Inc; Merck Res Labs; Natl Sci Fdn; NIH; New England Biolabs; Novartis Inst Biomed Res; Pfizer Inc; Protein Soc Educ Comm; Protein Soc Young Protein Sci Comm; Roche Pharmaceut; Sunesis Pharmaceut Inc.
ISSN: 0961-8368.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 21 Sep 2005
Last Updated on STN: 21 Sep 2005

L2 ANSWER 7 OF 10 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2004:291755 BIOSIS
DOCUMENT NUMBER: PREV200400291237
TITLE: Effects of Soluble EGFR on Mammary Epithelial Cells.
AUTHOR(S): Gavinski, Jennifer J [Reprint Author]; Yuh, In-Suh; Thompson, Kesha N; Sheffield, Lewis G
CORPORATE SOURCE: Endocrinology-Reproductive Physiology, University of

Wisconsin-Madison, 1675 Observatory Drive, Madison,
Wisconsin, 53706, USA
jjgavins@students.wisc.edu

SOURCE: FASEB Journal, (2004) Vol. 18, No. 4-5, pp. Abst. 451.2.
<http://www.fasebj.org/>. e-file.

Meeting Info.: FASEB Meeting on Experimental Biology:
Translating the Genome. Washington, District of Columbia,
USA. April 17-21, 2004. FASEB.
ISSN: 0892-6638 (ISSN print).

DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 23 Jun 2004
Last Updated on STN: 23 Jun 2004

AB Through alternative splicing and polyadenylation signals the epidermal growth factor receptor (EGFR) gene gives rise to secreted forms of the receptor that lack intracellular and transmembrane domains. Soluble EGFR (sEGFR) is present in normal human serum and highly expressed in some cancers, specifically ovarian cancer, but its biological role remains unclear. The objective of this study was to investigate the ability of sEGFR to act as a signaling protein and induce biological effects in mammary epithelial cells. NMuMG mammary epithelial cells, which express transmembrane forms of EGF, bound sEGFR with 20 nM affinity. Cytokeratin 8, cytokeratin 18, gamma-actin and cytokeratin 19 were tyrosine phosphorylated upon treatment of cells with sEGFR. In addition, 2-dimensional polyacrylamide gel electrophoresis followed by MALDI-TOF-MS determined that cytokeratin 8, phospholipase C alpha and tubulin alpha 6 content were increased by sEGFR. Further studies confirmed that cytokeratin 8 mRNA and protein were increased after 1 hour and maximum after 3 hours sEGFR treatment. Treatment of NMuMG cells with sEGFR reduced cell loss following serum deprivation, suggesting that sEGFR may play a protective role in prevention of cell loss. These studies suggest a possible role for sEGFR in the mammary gland, specifically in controlling cytokeratin expression, protein modification and protection against cell loss.

L2 ANSWER 8 OF 10 MEDLINE on STN DUPLICATE 2

ACCESSION NUMBER: 2003071084 MEDLINE

DOCUMENT NUMBER: PubMed ID: 12582019

TITLE: Soluble epidermal growth factor receptor (sEGFR/sErbB1) as a potential risk, screening, and diagnostic serum biomarker of epithelial ovarian cancer.

AUTHOR: Baron Andre T; Cora Elsa M; Lafky Jacqueline M; Boardman Cecelia H; Buenafe Marites C; Rademaker Alfred; Liu Dachao; Fishman David A; Podratz Karl C; Maihle Nita J

CORPORATE SOURCE: Tumor Biology Program, Mayo Clinic-Rochester, Rochester, Minnesota 55905, USA.

CONTRACT NUMBER: K01 CA73859 (United States NCI)
K07 CA76170 (United States NCI)
R01 57534
R03 CA82091 (United States NCI)
R21 CA82520 (United States NCI)
U01 CA85133 (United States NCI)

SOURCE: Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology, (2003 Feb) Vol. 12, No. 2, pp. 103-13.
Journal code: 9200608. ISSN: 1055-9965.

PUB. COUNTRY: United States

DOCUMENT TYPE: (COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)

(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)

LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200305
ENTRY DATE: Entered STN: 14 Feb 2003
Last Updated on STN: 31 May 2003
Entered Medline: 30 May 2003

AB Epithelial ovarian cancer (EOC) is the leading cause of death from gynecologic malignancies in the United States, for which risk assessment, screening, and diagnostic tests are needed. We have shown previously that women with stage III/IV EOC have lower serum p110 sEGFR/sErbB1 (Soluble Epidermal Growth Factor Receptor) concentrations than healthy women. Here, we show that serum p110 sEGFR/sErbB1 is the product of a 3-kb EGFR/ERBB1 alternate transcript. We report that serum sEGFR concentrations in stage I/II and stage III/IV EOC patients are significantly lower than in healthy women, and that serum sEGFR concentrations are not associated with disease stage or tumor grade. Logistic regression models show that: (a) lower serum sEGFR concentrations are associated significantly with a greater risk of EOC; (b) the risk associated with lower serum sEGFR concentrations is reduced by older age or menopause; and (c) age- or menopausal status-specific cutoff values for sEGFR concentration are appropriate. Receiver operating characteristic curves indicate that: (a) serum sEGFR concentrations are more effective in discerning stage III/IV than stage I/II EOC cases from healthy women; and (b) sEGFR concentrations have an 89% probability of correctly discerning EOC patients from healthy women when accounting for effect modification by age. By maintaining a test specificity of approximately 95% across strata of age or menopausal status with appropriate cutoff values, we observe that sEGFR concentrations are most useful for detecting stage I/II (sensitivity: 64-67%) and stage III/IV (sensitivity: 75-81%) EOC in young, premenopausal women. We conclude that serum sEGFR concentrations warrant additional investigation in the risk assessment, early detection, and/or diagnosis of EOC.

L2 ANSWER 9 OF 10 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN
ACCESSION NUMBER: 2000:275385 BIOSIS

DOCUMENT NUMBER: PREV200000275385
TITLE: Soluble ERBB1/EGFR as a tumor biomarker
in women with epithelial ovarian cancer

AUTHOR(S): Boardman, Cecelia H. [Reprint author]; Baron, A. T.; Lafky, J. M.; Metzinger, D.; Sunman, V. J.; Fishman, D. A.; Podratz, K. C.; Maihle, N. J.

CORPORATE SOURCE: Mayo Clin, Rochester, MN, USA
SOURCE: Proceedings of the American Association for Cancer Research Annual Meeting, (March, 2000) No. 41, pp. 730. print.
Meeting Info.: 91st Annual Meeting of the American Association for Cancer Research. San Francisco, California, USA. April 01-05, 2000.
ISSN: 0197-016X.

DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English
ENTRY DATE: Entered STN: 30 Jun 2000
Last Updated on STN: 7 Jan 2002

L2 ANSWER 10 OF 10 BIOSIS COPYRIGHT (c) 2009 The Thomson Corporation on STN

ACCESSION NUMBER: 1999:230429 BIOSIS
DOCUMENT NUMBER: PREV199900230429
TITLE: Serum EGF and soluble ErbB1 levels as

tumor biomarkers in women with stage III or IV epithelial ovarian cancer.
 AUTHOR(S): Baron, A. T.; Lafky, J. M.; Boardman, C. H.; Balasubramaniam, S.; Suman, V. J.; Podratz, K. C.; Maihle, N. J.
 CORPORATE SOURCE: Mayo Clinic, 200 First Street S.W., Rochester, MN 55905, USA
 SOURCE: Proceedings of the American Association for Cancer Research Annual Meeting, (March, 1999) Vol. 40, pp. 43. print.
 Meeting Info.: 90th Annual Meeting of the American Association for Cancer Research. Philadelphia, Pennsylvania, USA. April 10-14, 1999. American Association for Cancer Research.
 ISSN: 0197-016X.
 DOCUMENT TYPE: Conference; (Meeting)
 Conference; Abstract; (Meeting Abstract)
 LANGUAGE: English
 ENTRY DATE: Entered STN: 17 Jun 1999
 Last Updated on STN: 17 Jun 1999

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